

Clinical Ebola Screening Tool

Last Revised January 5, 2015

The majority of febrile patients in ambulatory settings do not have Ebola Virus Disease (Ebola), and the risk posed by Ebola patients with early, limited symptoms is lower than that from a patient hospitalized with severe disease. Nevertheless, because early Ebola symptoms are similar to those seen with other febrile illnesses, triage and evaluation processes should consider and systematically assess patients for the possibility of Ebola.

1

Identify exposure history:

Has patient lived in or traveled to Guinea, Liberia or Sierra Leone* or had contact with an Ebola patient within the previous 21 days?

NO

Continue with usual triage, assessment and care

YES

2

Identify signs and symptoms:

Fever (subjective or $\geq 100.4^{\circ}\text{F}$ or 38.0°C) **or** Ebola-compatible symptoms: fatigue, headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage

NO

A. Continue with usual triage, assessment and care

B. Contact Communicable Disease Epidemiology 206-296-4774 to confirm PH monitoring for fever and symptoms for 21 days after last exposure

YES - Patient may meet criteria for Person Under Investigation for Ebola

3

Isolate patient immediately:

- Avoid unnecessary direct contact
- Place patient in private room with covered bedside commode and close door.
- If direct contact is necessary, personal protective equipment (PPE) and dedicated equipment must be used to minimize transmission risk.
- Only trained essential personnel with designated roles should evaluate patient
- Do not perform phlebotomy or any other procedures unless urgently required for patient care or stabilization.
- Consult with the health department before cleaning up blood or body fluids. Any reusable equipment should not be reused until it has been appropriately cleaned and disinfected.
- If patient is exhibiting obvious bleeding, vomiting or copious diarrhea:
 - A. Call 911 and notify this is a suspect Ebola patient
 - B. Do not re-enter room until EMS personnel trained to transport Person Under Investigation for Ebola arrive.
 - C. Limit unnecessary contact with patient and follow ***Ebola Emergency Response Checklist*** if needed
 - D. Keep a log of anyone who had contact with patient using the ***Suspect Ebola Patient Contact Log***

4

AND

Inform Public Health and prepare for safe transport:

- IMMEDIATELY notify your supervisor and **Communicable Disease Epidemiology (CD Epi) 206-296-4774**
- CD Epi will arrange for transfer to a hospital for evaluation of possible Ebola.

PERSONS UNDER INVESTIGATION FOR EBOLA SHOULD ONLY BE SENT TO HOSPITALS AND FACILITIES SPECIFICALLY DESIGNATED BY PUBLIC HEALTH OFFICIALS.

Do not transfer without first notifying the health department.

PPE in the ambulatory care setting:

If you must have direct contact with a Person Under Investigation for Ebola, you must wear appropriate PPE.

At a minimum, designated health care workers trained in PPE should use the following before direct patient contact:

- A. Face shield & surgical face mask
- B. Impermeable gown, and
- C. 2 pairs of gloves

Staff should refrain from direct interaction with others until PPE has been safely removed in a designated, confined area.

*As of 1/5/15. Refer to <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html#areas> for updated Ebola affected areas.